

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>MD</i>	45	10/30
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted  
☐ Non-elected  
☐ Interference  
☐ Appeal  
☐ Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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APPLICANTS

TITLE

CLASS

INTERNAL

TECHNICAL DIS

☐ The term of this patent has been extended

☐ The term of this patent has been extended by U.S. Patent

☐ The term of this patent has been extended by U.S. Patent

**WARNING**  
The information on this sheet is for informational purposes only and does not constitute an offer of insurance or any other financial product.

Form PTO-438  
(Rev. 6/99)